

## Commonwealth of Massachusetts Department of Fire Services

| Official Use Only         |  |
|---------------------------|--|
| Permit Number             |  |
| Occupancy and Fee Checked |  |
| [Rev.9/05] (Leave Blank)  |  |

BOARD OF FIRE PREVENTION REGULATIONS

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

| City or Town of: LEOMINSTER  By this application the undersigned gives notice of their intention to perform the electrical work described below. Location (Street & number)  Owner or Tenant  Owners Address Is this permit in conjunction with a building permit?  Purpose of building  Existing service  Amps Volts Volts Volts Voerhead Underground No. of meters  Now service  Amps Volts Volts Overhead Underground No. of meters  Nowner of Feeders and Ampacity Location and nature of Proposed Electrical Work   Completion of the following table may be waived by the Inspector of Wires  No. of Recessed Luminaires No. of Ceilsusp. (paddle) fans No. of Luminaires Outlets No. of Hot Tubs Generators KVA No. of Luminaires Swimming Pool Above Below Below No. of Emergency Lighting Battery units No. of Receptacle Outlets No. of Gas Burners No. of Gas Burners No. of Switches No. of Gas Burners No. of Air Cond. Total Initiating devices No. of Alerting Detection/Alerting Detection/Alerting No. of Dishwashers No. of Dyers No. of Water KW No. of Water KW No. of Water KW No. of Mater KW No. of Motors No. of Motors No. of Motors No. of devices or Equivalent  |  | be performed in acco  |                                | e Massachus                | etts Ele         |                             |  | CMR    | 12.00                    |                       |                  |  |  |
|--|--|---|--------------------------------|----------------------------|------------------|-----------------------------|--|--------|--------------------------|-----------------------|------------------|--|--|
| By this application the undersigned gives notice of their intention to perform the electrical work described below.  Location (Street & number)  Owner or Tenant  Owner or Tenant  Telephone No.  (Check appropriate box)  Utility Authorization No.  Existing service Amps Volts Overhead Underground No. of meters  New service Amps Volts Overhead Underground No. of meters  Number of Feeders and Ampacity  Location and nature of Proposed Electrical Work   Completion of the following table may be waived by the Inspector of Wires  No. of Recessed Luminaires  No. of Ceilsusp. (paddle) fans  Transformers KVA  No. of Luminaires Outlets  No. of Hot Tubs  Generators KVA  No. of Luminaires  Swimming Pool Above Below Baltery units  No. of Receptacle Outlets  No. of Gas Burners  No. of Gas Burners  No. of Gas Burners  No. of Switches  No. of Gas Burners  No. of Gas Burners  No. of Alarms Number of zones  Alarms Number of zones  No. of Alarms Number of Zones  No. of Burning Pool No. of Alarms No. of Alarting Devices  No. of Dishwashers  Space / Area heating KW  No. of Self Contained Detection/Alerting  No. of Dryers  Heating Appliances  KW  No. of Ballasts  No. of devices or Equivalent   |  | D   | Date:                          |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Composition of the following table may be waived by the Inspector of Wires   |  |   |                                |                            |                  |                             | To the   | inspe  | ector of V               | Vires                 |                  |  |  |
| Owner or Tenant Owners Address Is this permit in conjunction with a building permit?  YES NO (Check appropriate box)  Purpose of building  Existing service Amps Volts Overhead Underground No. of meters  New service Amps Volts Overhead Underground No. of meters  New service Amps Volts Overhead Underground No. of meters  No. of Feeders and Ampacity  Location and nature of Proposed Electrical Work   **Completion of the following table may be waived by the Inspector of Wires  No. of Recessed Luminaires  No. of Ceilsusp. (paddle) fans No of Tansformers KVA  No. of Luminaires Outlets No of Hot Tubs Generators KVA  No. of Luminaires  No. of Hot Tubs Generators KVA  No. of Receptacle Outlets No. of Oil Burners Fire Number of zones  Alarms Number of zones  Alarms Number of zones  No. of Switches No. of Air Cond. Total tons No. of Alerting Devices  No. of Waste Disposers Heat pump Number Tons KW No. of Self Contained Detection/Alerting  No. of Dryers Heating Appliances KW Security Systems: *  No. of Dryers Heating Appliances KW Security Systems: *  No. of Ordevices or Equivalent  No. of Hotors Total HP Telecommunications Wring:  No. of devices or Equivalent  No. of devices or Equivalent  Other:  | By this application the unde   | signed gives noti   | ce of their in                 | ntention to                | perfo            | orm the ele                 | ectrical wor   | rk des | scribed be               | low.                  |                  |  |  |
| Owners Address  Is this permit in conjunction with a building permit?  Purpose of building  Existing service  Amps  Volts  Volts  Volts  Volts  Overhead  Underground  No. of meters  No.  |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Is this permit in conjunction with a building permit?  Purpose of building  Amps Volts Overhead Underground No. of meters  New service Amps Volts Overhead Underground No. of meters  Volts Overhead Underground No. of meters  Underground No. of meters  Underground No. of meters  Volts Overhead Underground No. of Mires  No. of Feeders and Ampacity Local Munic pall of the following table may be waived by the Inspector of Wires  No. of Demersers  No. of Demergency Lighting Battery units  No. of Observers  No. of Observers  No. of Observers  No. of Alerting Devices  No. of Alerting Devices  No. of Alerting Devices  No. of Self Contained Detection/Alerting Devices  No. of Self Contained Detection/Alerting Devices  No. of Observers  No. of Observer | ***************************************  |   |                                |                            |                  | Telep                       | hone No.   |        |                          |                       |                  |  |  |
| Purpose of building Existing service Amps Volts Overhead Underground No. of meters New service Amps Volts Overhead Underground No. of meters Number of Feeders and Ampacity Location and nature of Proposed Electrical Work    Completion of the following table may be waived by the Inspector of Wires   |  |   |                                | X7.                        |                  | NO                          | 7 (01  | . 1    |                          | 1                     |                  |  |  |
| Existing service Amps Volts Overhead Underground No. of meters New service Amps Volts Overhead Underground No. of meters Number of Feeders and Ampacity Location and nature of Proposed Electrical Work    Completion of the following table may be waived by the Inspector of Wires   |  |   |                                |                            |                  |                             |  |        |                          | box)                  |                  |  |  |
| New service   Amps   Volts Overhead   Underground   No. of meters  |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Number of Feeders and Ampacity Location and nature of Proposed Electrical Work    Completion of the following table may be waived by the Inspector of Wires   No. of Recessed Luminaires   No. of Ceil susp. (paddle) fans   No of Transformers   KVA  |  |   | A                              |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Completion of the following table may be waived by the Inspector of Wires   No. of Recessed Luminaires   No. of Ceilsusp. (paddle) fans   No of Transformers   KVA   |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| No. of Recessed Luminaires   No. of Ceilsusp. (paddle) fans   No of Total Transformers   KVA   |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| No. of Recessed Luminaires  No. of Ceilsusp. (padle) fans  No of Transformers  No. of Luminaires Outlets  No. of Luminaires  Swimming Pool Above Below Battery units  No. of Receptacle Outlets  No. of Gas Burners  No. of Switches  No. of Gas Burners  No. of Switches  No. of Air Cond.  No. of Air Cond.  No. of Waste Disposers  Heat pump  No. of Detection Alerting Devices  No. of Detection/Alerting  No. of Space / Area heating KW  No. of Dryers  Heating Appliances  KW  No. of Water KW  No. of Water KW  No. of Motors  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  No. of devices or Equivalent  |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| No. of Recessed Luminaires  No. of Ceilsusp. (paddle) fans  Transformers  KVA  No. of Luminaires  No. of Hot Tubs  Swimming Pool Above Below  No. of Emergency Lighting Battery units  No. of Receptacle Outlets  No. of Oil Burners  No. of Switches  No. of Gas Burners  No. of Switches  No. of Air Cond.  No. of Air Cond.  No. of Waste Disposers  Heat pump  Number  Tons  KW  No. of Self Contained Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dishwashers  Ro. of Water  KW  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Oil Burners  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Self Contained Detection/Alerting  No. of Oil Burners  No. of Self Contained  No. of Oil Burners  No. of Oil     |  | Completion of the   | following tabl                 | e may be wa                | ived by          | the Inspect                 | tor of Wires   |        |                          |                       |                  |  |  |
| No. of Luminaires Outlets  No of Hot Tubs  Swimming Pool Above Below  No. of Emergency Lighting Battery units  No. of Receptacle Outlets  No. of Oil Burners  No. of Switches  No. of Gas Burners  No. of Air Cond.  No. of Air Cond.  No. of Air Total tons  No. of Alerting Devices  No. of Self Contained Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dryers  Heating Appliances  KW  No. of Water KW  No. of Water KW  No. of Water KW  No. of Motors  No. of devices or Equivalent  Total HP  Total Total Total Total Total Total Total No. of devices or Equivalent  | No of Recessed Luminaires  | No of C   | eil -euen (na                  | ddle) fanc                 |                  |                             | No of  |        |                          | Total                 |                  |  |  |
| No. of Luminaires    Swimming Pool   Above   Below   No. of Emergency Lighting Battery units   |  |   |                                | ddic) lalis                |                  |                             |  | -      |                          |                       |                  |  |  |
| No. of Receptacle Outlets  No. of Oil Burners  No. of Oil Burners  No. of Oil Burners  No. of Oil Burners  No. of Detection and Initiating devices  No. of Ranges  No. of Air Cond.  No. of Waste Disposers  Heat pump  Number  Tons  KW  No. of Self Contained Detection/Alerting  Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dryers  Heating Appliances  No. of Water  Heating Appliances  No. of Motors  No. of Motors  Total HP  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  | No. of Luminaires Outlets  | No of Ho  | ot Tubs                        |                            |                  |                             |  |        |                          | KVA                   |                  |  |  |
| No. of Receptacle Outlets  No. of Oil Burners  No. of Detection and Initiating devices  No. of Air Cond.  No. of Air Cond.  No. of Waste Disposers  Heat pump  Number Tons KW  No. of Self Contained Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dryers  Heating Appliances  KW  No. of Municipal connection  No. of devices or Equivalent  No. of Water KW  No. of Motors  No. of Motors  No. of Motors  Total HP  Telecommunications Wiring: No. of devices or Equivalent  | No. of Luminaires  | Swimmi  | ng Pool Abo                    | ove 🗌                      | Below            |                             |  |        | Lighting                 |                       |                  |  |  |
| No. of No. of Oil Burners  No. of Oil Burners  No. of Oil Burners  No. of Oil Burners  No. of Detection and Initiating devices  No. of Alerting Devices  No. of Alerting Devices  No. of Self Contained Detection/Alerting  No. of Dishwashers  No. of Dishwashers  Space / Area heating  No. of Dishwashers  No. of Dishwashers  No. of Dishwashers  No. of Mater KW  No. of Water KW  No. of Mater KW  No. of Mater KW  No. of Mater Signs  No. of Motors  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  No. of devices or Equivalent  No. of devices or Equivalent   |  |   |                                | T                          |                  |                             |  | 1      |                          |                       |                  |  |  |
| No. of Ranges  No. of Air Cond.  No. of Waste Disposers  Heat pump  Number  Tons  KW  No. of Self Contained Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dryers  Heating Appliances  KW  No. of devices or Equivalent  No. of Water  KW  No. of Mater  No. of Mater  KW  No. of Mater  No. of  | No. of Receptacle Outlets  | No. of O  | il Burners                     |                            |                  |                             | Alarms   |        |                          | nes                   |                  |  |  |
| No. of Ranges  No. of Air Cond.  No. of Air Cond.  No. of Alerting Devices  No. of Self Contained Detection/Alerting  No. of Dishwashers  No. of Dishwashers  Space / Area heating  No. of Dryers  Heating Appliances  No. of Water Heaters  No. of Water Heaters  No. of Motors  No. of Motors  Initiating devices  No. of Alerting Devices  No. of Self Contained Detection/Alerting  No. of Security Systems:  No. of devices or Equivalent   | No. of Switches  | No. of G  | No. of Gas Burners             |                            |                  |                             |  |        |                          |                       |                  |  |  |
| No. of Ranges  Cond.  No. of Waste Disposers  Heat pump  Number  Tons  KW  No. of Self Contained Detection/Alerting  No. of Dishwashers  Space / Area heating  No. of Dryers  No. of Dryers  Heating Appliances  KW  Security Systems: * No. of devices or Equivalent  No. of Water  Heaters  No. of Motors  No. of Motors  No. of Motors  Total HP  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  Other:  |  |   |                                |                            |                  |                             | Initiating of  | device | S                        |                       |                  |  |  |
| No. of Dishwashers  Space / Area heating KW  Local Municipal connection  No. of Dryers  Heating Appliances KW  No. of devices or Equivalent  No. of Water KW  Heaters  No. of Motors  No. of Motors  No. of Motors  No. of devices or Equivalent   | No. of Ranges  |   | ır                             |                            |                  |                             | No. of Alerting Devices  |        |                          |                       |                  |  |  |
| No. of Dishwashers    Space / Area heating   KW   Local   Municipal   Connection   Security Systems: *   No. of Dryers   Heating Appliances   KW   Security Systems: *   No. of devices or Equivalent   No. of Water   KW   No. of   Ballasts   No. of devices or Equivalent   No. of devices or Equivalent   No. Hydro massage Bathtubs   No. of Motors   Total HP   Telecommunications Wiring:   No. of devices or Equivalent   No. of devices o | No. of Waste Disposers   | Heat pur  | np Num                         | ber Tons                   | 3                | KW                          | The state of the s |        |                          |                       |                  |  |  |
| No. of Dryers  Heating Appliances  KW  Security Systems: * No. of devices or Equivalent  No. of Water  Heaters  No. of Motors  No. of Motors  No. of Motors  Total HP  Connection  Security Systems: * No. of devices or Equivalent  No. of devices or Equivalent  Telecommunications Wiring: No. of devices or Equivalent  No. of devices or Equivalent  No. of devices or Equivalent   | No of Distance loss  | G/  |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| No. of Divers  No. of Water KW  No. of No. of No. of Data Wiring:  Heaters  No. of Motors  No. of devices or Equivalent  No. of devices or Equivalent  No. of devices or Equivalent  Telecommunications Wiring:  No. of devices or Equivalent  Total HP  Other:  | No. of Dishwasners   | Space / A   | Space / Area heating           |                            |                  | KW                          |  |        |                          |                       |                  |  |  |
| No. of Water KW No. of Signs No. of Ballasts No. of devices or Equivalent No. Hydro massage Bathtubs No. of Motors Total HP Telecommunications Wiring: No. of devices or Equivalent No. of dev | No. of Dryers  | Heating   | Appliances                     | KW                         |                  |                             |  |        |                          |                       |                  |  |  |
| Heaters signs Ballasts No. of devices or Equivalent  No. Hydro massage Bathtubs No. of Motors Total HP Telecommunications Wiring: No. of devices or Equivalent  Other:   | No of Water KW   |   | T                              | No of                      | No of            |                             |  |        |                          |                       |                  |  |  |
| No. Hydro massage Bathtubs  No. of Motors  Total HP  Telecommunications Wiring: No. of devices or Equivalent  Other:   |  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Other:  No. of Iviotors  No. of devices or Equivalent  | N. II I  |   | 5                              |                            |                  |                             |  |        |                          |                       |                  |  |  |
|  | No. Hydro massage Bathtubs   | No. of N  | 1otors                         | I otal HP                  |                  |                             |  |        |                          |                       |                  |  |  |
| Incurrence Coverage: Unless waived by the owner no permit for the newformence of electrical week manifest the the  | Other:   |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |
| Insurance Coverage: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certific that such coverage is in force, and has exhibited proof of same to the permit issuing office.  Check One: Insurance Bond Other (Specify):  | provides proof of liability insuthat such coverage is in force, Check One: Insurance \( \sqrt{1} \) 1                | rance including "co<br>and has exhibited p<br>Bond Other (S | ompleted oper<br>croof of same | ration" cov<br>to the pern | erage on it issu | or its subst<br>ing office. | antial equiva  | alent. | e unless th<br>The under | ne licens<br>signed o | see<br>certifies |  |  |
| Estimated Value of Electrical Work (When required by municipal policy) (Expiration   | Estimated Value of Electrical  | Work  |                                | (W                         | hen re           | quired by 1                 | municipal po   | olicy) |                          | (Exp                  | iration Date)    |  |  |
| Work to Start: Inspections to be requested in accordance with MEC rule 10. And upon completion.  |  |   |                                |                            |                  |                             | C rule 10. A   | and up | on comple                | etion.                |                  |  |  |
| I certify, under the pains and penalties of perjury, that the information on this application is true and complete.  | I certify, under the pains and penaltie  | s of perjury, that the info                                 | ormation on this               | application is             | true an          | d complete.                 |  |        |                          |                       |                  |  |  |
| Lic. No.:  | Firm Name:  Licensee:  (If applicable, enter "exempt" in the license number line)  City of Leominster contractor No. |   |                                |                            |                  |                             | Lic. No.:  |        |                          |                       |                  |  |  |
| Licensee: Signature: Lic. No.: (If applicable, enter "exempt" in the license number line) City of Leominster contractor No. Bus. Tel No.:  | (If applicable, enter "exempt" in the license number line)   |   |                                |                            |                  |                             | Lic. No.: Bus. Tel No.:  |        |                          |                       |                  |  |  |
|  | · mentangganan   |   |                                |                            |                  |                             | Alt. Tel No.:  |        |                          |                       |                  |  |  |
| * Security System Contractor License required for this work: If applicable, enter license number here  Lic. No.:   |  | e required for this work:                                   | If applicable, en              | nter license nu            | mber he          | ere                         |  |        |                          |                       |                  |  |  |
| Owner's Insurance waiver: I am aware that the licensee does not have the liability coverage normally required by law. By my signature below I hereby waive this requirement  I am the (check one) Owner Owner's Agent  | Owner's Insurance waiver: I am av  | are that the licensee doe                                   | s not have the lia             | ability covera             |                  |                             | (check one)  |        |                          |                       | ent 🗌            |  |  |
| Owner/Agent Telephone Signature Number Permit Fee: \$  | Owner/Agent  |   |                                |                            |                  |                             |  |        |                          |                       |                  |  |  |